



Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

SOME COMPARATIVE VITAL STATISTICS OF ONTARIO AND MICHIGAN.

BY MR. ARCHIBALD BLUE, CHIEF OFFICER OF THE CENSUS AND STATISTICS
OFFICE OF CANADA, OTTAWA.

In two of the oldest provinces of Canada, in Ontario and Quebec, plans for collecting and publishing vital statistics have been in operation for a quarter of a century. Birth, marriage, and death are the chief events in human life, and more than any others they determine the continuity of human society in a civilized state. Therefore, they should be authenticated: there ought to be the most substantial proof of the occurrence of each event as regards person, place, and time. And, as at the first and third a physician is usually present, and at the second and third a clergyman, it is eminently proper that the law should require those professional men, each in his own relation, to attest the facts of which he has personal knowledge. So the physician and the clergyman become in most cases the makers of original records in the field of vital statistics. The law makes this service a duty and an obligation at their hands, and, if in any instance they refuse or neglect to perform it, they are punishable as the law provides. Local municipal officers receive the records, and these officers in turn make reports to the Registrar-General, who gives them to the public in the form we call Vital Statistics once a year, or once in two years, or as often as the law or the government may demand.

In Ontario and Quebec this system works well, and, although provision has been made in some of the other provinces of the Dominion for a scheme of like character, it is not yet in general operation.

Besides these records, an enumeration is made for the whole Dominion once in ten years, in the first year of each decade, when the general census is taken. But this is for mortality only. It is a register by name of every death occurring in the census year, by sex, age, cause of death, conjugal condition, birthplace, origin or race, occupation, and date of death. Births in the census year may also be tabulated from the population and mortality schedules, although such a record is not an original purpose, and I think it would be an improvement if provision was made at future censuses for a full register of vital statistics.

I am not sure, however, if it is possible with the use of the best schedule and under the best system of enumeration, to get a full record of deaths at a census taken at the end of a year in a large country, whether sparsely

or thickly settled. In either case it is not always difficult to dispose of a dead body, if concealment is an object; but a more common cause of failure to procure a record is to be found in the circumstance that the dead are so soon forgotten by the living. Then there are cases when families have moved out of a locality within the year in which losses by death have occurred, and no one is concerned to give the information of death to the enumerator; and there are cases in which, for shame of the event, a death is denied. Even where the law provides that no burial shall take place without a permit and that records shall be supplied to local municipal officers by clergymen, physicians, and others more closely concerned, full returns of deaths are not always procurable. At the census of 1902 we collated our mortality records for Ontario name by name with those of the provincial government, and, after eliminating all duplicates from the two lists, we found about 5,000 names in the municipal records not in the census and about 4,000 in the census not in the municipal records. A similar attempt was made to collate the census and municipal lists for the province of Quebec, but, owing to the practice of the keepers of parish records there to enter married women by their maiden names, the comparison could not be made within the time then available for the task. In the State of Michigan, where corrections of a like sort were made, 10,000 names were added to the census and 2,000 names were found in the census which were not recorded in the State records. Of course, I cannot undertake to say that the latter were correct within a limit of 2,000, but I am disposed to think that the system in use in Ontario is as thorough and as well carried out as the one in Michigan, especially in view of the fact that, whereas the death-rate in Ontario in the census year was 15.24 per 1,000, it was only 13.9 per 1,000 in Michigan.

Another group of statistics may also be compared for a test, remembering that Michigan's census of population was 2,421,000 and that of Ontario 2,182,000. The statistics of some principal causes of death were:—

	<i>Michigan.</i>	<i>Ontario.</i>
Consumption	2,438	3,544
Diarrhoeal Diseases	2,517	2,517
Diphtheria and Croup	539	750
Influenza	419	649
Pneumonia and Bronchitis	2,647	3,967
Typhoid Fever	680	833
Heart Disease and Dropsy	3,034	2,584

These differences are not easily reconciled when comparison is made of the soil, climate, and sanitary conditions of the two countries. But it should be stated that the classification of diseases was not the same, Canada having adopted for the 1901 census the Bertillon system.